

Evidence-Based and Recommended Practices at the Sequential Intercepts

Intercept 1—Law enforcement

- Crisis Intervention Teams (CIT) (40 hour training)
- Mental Health First Aid (8 hour training)
- Crisis stabilization units (23 hour care)
- Mobile crisis teams (e.g., EDGE)
- 24 hour crisis drop off center with no refusal policies¹

Intercept 2—Initial detention/initial court hearings

- Diversion from municipal courts²
 - Requires resources to identify and screen asap
 - Employ specialty courts
- Screening by pretrial service staff or probation
 - Use of Brief Jail Mental Health Screen
- Screening by court clinicians

Intercept 3—Jail/courts

- Defense attorneys identify treatment needs
- Specialty courts
- Presentence investigation with screening/assessment information

Intercept 4—Re-entry

- Planning for re-entry begins at booking
 - Need jail transition planners
- Prison transition planners in-reach at 90 days from release

Intercept 5—Community corrections

- Specialized caseloads
- Co-located probation/parole and mental health services³
 - Is non-compliance a result of symptoms of functional impairment?

¹ *Practical Advice on Jail Diversion* (2007), GAINS Center.

² *Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System*, SAMHSA (2015) at <http://store.samhsa.gov/shin/content/SMA15-4929/SMA15-4929.pdf>

³ Skeem, Manchak and Petersen (2011) report that individuals with mental illness are more likely to incur technical violations, in part because they are subject to increased monitoring and control. The researchers recommend focusing on criminogenic needs and, for those with pronounced clinical impairment, supportive housing and employment, and ACT. Correctional Policy for Offenders with Mental Illness: Creating a New Paradigm for Recidivism Reduction, *Law and Human Behavior*, Vol.31:110-126.

From: *Practical advice on jail diversion: Ten years of learning on jail diversion from the Center for Mental Health Services, National GAINS Center (2007)*

<http://www.prainc.com/wp-content/uploads/2015/10/practical-advice-jail-diversion-ten-years-learnings-cmhs-national-gains-center.pdf>

Necessary elements of an effective diversion program

1. Interagency collaboration and integrated services in the community (housing, workforce development, social services, Medicaid, social services)
2. Active stakeholder involvement: Regular meetings to share information and coordinate services, development of MOUs, seek joint funding, cross-training of staff
3. Boundary spanners: Programs require staff that bridge the criminal justice system and the behavioral health system, and manage cross-system staff interactions; select the right person!⁴
4. Leadership: A strong leader to network and coordinate activities
5. Early identification—screening in the first 24-48 hours to determine if they meet criteria for diversion
6. Case management system with workers who know both the criminal justice and the behavioral health systems

Evidence-based practices for recovery

- Illness management and recovery (IMR)
- Medication management
- Family psychoeducation
- ACT (24-hour service delivery approach)
- Supportive employment
- Integrated treatment for co-occurring disorders (IDDT Integrated Dual Disorders Treatment) (same setting)

Promising practices for recovery

- Supportive housing
- Consumer-operated services (forensic peer specialists)
- Trauma-informed services

⁴ Someone who knows the formal and informal norms of the organizations involved as well as the relevant organizations' established policies and procedures, internal operations, and politics. Boundary spanners must have credibility within the relevant organizations. Example: court based clinicians.